Change in Company's premiu revision effective June 19	m or rate level produce 5, 2009	d by rate
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<u>Coverage</u>	volume (IIIInois).	change (+ OI -)
1. Automobile Liability		ANCE
Private Passenger Commercial		VISION OF INSURANCE STATE OF ILLINOIS/IDEPR
2. Automobile Physical Damage		STATE OF ILLINOIS
Private Passenger	†	RECE
Commercial		2 2009
3. Liability Other Than Auto		APR 0 3 2009
4. Burglary and Theft		1
5. Glass		SPRINGFIELD, ILLINOIS
6. Fidelity		SPRINGFIELD
7. Surety		
8. Boiler and Machinery 9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	\$225,173,767	17.3%
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
Does filing only apply to certain If so, specify: No. Brief description of filing. (If organization, specify organization)	filing follows rates on the filing follows rates on the file of th	f an advisory
* Adjusted to reflect all prior: ** Change in Company's premium ler result from application of new ** ** ** ** ** ** ** ** **	vel which will rates.	
Raic hoj.	Allstate Indemni	
Dalable Factors	Name of Com	iparry
Deauch Die		
1. (Clama DISCOUNT		
Age of Prome =	Stephen J. Burbick - Stat	
/ / - н29219D	Official - '	Title
Cluim Rating Partially Renovabad Home Dis	-c+.	INS0010
funding removed.		

INS00106

		or rate level produced by ra	ate
	revision effective <u>June 15,</u> (1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)	Percent Change (+ or -)**
1. A	utomobile Liability Private Passenger	OF INSURIDER ID	
2. A	Commercial Commercial Damage	APR 0 3 2009	
	Private Passenger Commercial	APR 0 3 200 APR 0	\
3. I	aiability Other Than Auto	APT	
	Surglary and Theft	SELU!	
	lass _	- GINGT	
	idelity Surety	- Spr	
	oiler and Machinery		
9. F			
10. E	Extended Coverage	-	
	nland Marine		
	Iomeowners	\$136,098,431	4.0%
	Commercial Multi-Peril		
	crop Hail		
15. 0	Line of Insurance		
	filing only apply to certain to, specify: No.	erritory (territories)or cer	tain classes?
	f description of filing. (If f nization, specify organization)		es for Homeowners es. The overall
** Cl	djusted to reflect all prior ra nange in Company's premium leve esult from application of new r	el which will rates.	
		Allstate Insurance Comp	any
		Name of Company	
	St	tephen J. Burbick - State Filing	s Director
		Official - Title	

H29219D

Change in Company's premi	ium or rate level produced	by rate
revision effective March (1)	(2) Annual Premium	(3) Percent
Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		Change (+ or ** SION OF INSURANCE NAME OF INSURAN
14. Crop Hail 15. Other Line of Insurance Does filing only apply to certai If so, specify: No.	n territory (territories)	or certain classes?
Brief description of filing. (I organization, specify organizati		Allstate Property and
* Adjusted to reflect all prior ** Change in Company's premium 1 result from application of ne	level which will	v Insurance Company
	Name of Comp Stephen J. Burbick - State Official - T	pany Filings Director
	OLLICIAL - I	

	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		TO ANCE
2.	Automobile Physical Damage	DIVISION OF INSUSTATE OF ILLINOIS	SIDEPR
	Private Passenger	RECEIV	ED
•	Commercial		
3.	Liability Other Than Auto	APR 2 8 2	009
4.	Burglary and Theft		
5.	Glass		LINGIE
6.	Fidelity	SPRINGFIELD, I	FFILIAIO
7. 8.	Surety Boiler and Machinery		
8. 9.	Fire		
9. 10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	5,547,000	+9.0%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		<u> </u>
16.	Other		
	Line of Insurance		
	g only apply to certain territory (terri	itories) or certain classes? If so, specify:	
filin errito			
desc evise	ription of filing. (If filing follows rad Fire Protection Class Factors, Dedu	ites of an advisory organization, specify outtible Factors, Age of Dwelling Factors,	CBR Factors, Base R
desc evise	ription of filing. (If filing follows rad Fire Protection Class Factors, Dedu		CBR Factors, Base R
desc evise unt o	ription of filing. (If filing follows rad Fire Protection Class Factors, Dedu	uctible Factors, Age of Dwelling Factors, emiums, Monthly and EFT Billing Mode	CBR Factors, Base R
desc evise unt o	ription of filing. (If filing follows rad Fire Protection Class Factors, Dedit Insurance Factors, Sump Pump Pred to reflect all prior rate changes. in Company's premium level which	uctible Factors, Age of Dwelling Factors, miums, Monthly and EFT Billing Mode	CBR Factors, Base Ractors and Zone Defin
desc evise unt o	ription of filing. (If filing follows rad Fire Protection Class Factors, Dedit Insurance Factors, Sump Pump Pred to reflect all prior rate changes. in Company's premium level which	uctible Factors, Age of Dwelling Factors, miums, Monthly and EFT Billing Mode	CBR Factors, Base Ractors and Zone Defin
descevise unt o	ription of filing. (If filing follows rad Fire Protection Class Factors, Dedit Insurance Factors, Sump Pump Pred to reflect all prior rate changes. in Company's premium level which	uctible Factors, Age of Dwelling Factors, miums, Monthly and EFT Billing Mode	CBR Factors, Base Range Reference Company
desc evise unt o	ription of filing. (If filing follows rad Fire Protection Class Factors, Dedit Insurance Factors, Sump Pump Pred to reflect all prior rate changes. in Company's premium level which	emiums, Monthly and EFT Billing Mode of Country Casualty Insurance Name of Company	CBR Factors, Base Range Reference Company
desc evise unt o	ription of filing. (If filing follows rad Fire Protection Class Factors, Dedit Insurance Factors, Sump Pump Pred to reflect all prior rate changes. in Company's premium level which	country Casualty Insurance Name of Company Columns Age of Dwelling Factors, Emiums, Monthly and EFT Billing Mode COUNTRY Casualty Insurance Name of Company	CBR Factors, Base Ri Factors and Zone Define the Company

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
	Coverage	votano (minoro)	
1.	Automobile Liability		
	Private Passenger		- ICE
	Commercial		PINSURANCE DE INSURANCE DE LUNOIS/IDEPR 2 8 2009
2.	Automobile Physical Damage	SIVISION C	ILINOIS DE D
	Private Passenger	DISTATE	
	Commercial	A	R 2.8 2009
3.	Liability Other Than Auto		R 2 0 200
4.	Burglary and Theft	h,	
5.	Glass		IGFIELD, ILLINOIS
6.	Fidelity	CRRIN	VGFIELD!
7.	Surety	SFI	
8.	Boiler and Machinery		
9.	Fire		-
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	196,154,000	+5.9%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other		
10.	Line of Insurance		
oes filin	g only apply to certain territory (territories)	or certain classes? If so, specif	ỳ:
ll Territo	ories		
e revise	ription of filing. (If filing follows rates of d Fire Protection Class Factors, Deductible f Insurance Factors, Sump Pump Premiums	Factors, Age of Dwelling Facto	rs, CBR Factors, Base Rates,
*Change	to reflect all prior rate changes. in Company's premium level which ult from application of new rates.		
		COUNTRY Mutual Insuran	ce Company
		Name of Company	1 2
		Ocharl a Sun	
			eth.
	N. C.	Richard A. Smith	
	E.	Chief Property/Casualty Ac	ctuary
		Official and Title	

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/28/2009

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
11.	Inland Marine		
	Homeowners	\$0	0%
13.	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
		Filing applies to all territories	
Brie	ef description of filing. (If filing follows r	ates of an advisory organization, specify orga	anization):
		Cut Score Revisions Only	
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rates.	
		Liberty II	nsurance Corporation
			me of Company
		Shannon	Biely - Product Analyst
			Official – Title



	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change $(+or -)**$
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		DWISION OF INC.
	Commercial		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
3.	Liability Other Than Auto		RECEIVED
4.	Burglary and Theft		
5.	Glass		APR 1 0 2009
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		SPRINGFIELD, ILLINOIS
9.	Fire		STATISTICED, ILLIAUIS
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners	1,823,608	+10%
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other		
	Line of Insurance		
	Clina anto anato ta aastain tamitam.		oif
	ining only apply to certain territory (DIIV:
		territories) or certain classes? If so, spe	, -
	This filing applies to all territories a		
No.	This filing applies to all territories a	nd classes for owners' forms.	
No.	This filing applies to all territories a description of filing. (If filing follow		
ief	This filing applies to all territories a	nd classes for owners' forms.	
ief	This filing applies to all territories a description of filing. (If filing follow	nd classes for owners' forms.	
No.	This filing applies to all territories a description of filing. (If filing follow	nd classes for owners' forms.	
rief	This filing applies to all territories a description of filing. (If filing follows asserted change (Owners)	nd classes for owners' forms.	
rief	This filing applies to all territories a description of filing. (If filing follow	nd classes for owners' forms. vs rates of an advisory organization, spe es.	
rief 1.1	This filing applies to all territories a description of filing. (If filing follows assertate change (Owners)	nd classes for owners' forms. vs rates of an advisory organization, spe es.	
rief 1.1	This filing applies to all territories a description of filing. (If filing follows as a rate change (Owners) djusted to reflect all prior rate change thange in Company's premium level	nd classes for owners' forms. vs rates of an advisory organization, spe es.	
rief 1.1 * A	This filing applies to all territories a description of filing. (If filing follows as a rate change (Owners) djusted to reflect all prior rate change thange in Company's premium level	nd classes for owners' forms. vs rates of an advisory organization, spe es.	
rief 1.1 * A	This filing applies to all territories a description of filing. (If filing follows as a rate change (Owners) djusted to reflect all prior rate change thange in Company's premium level	es.	cify organization):
rief 1.1	This filing applies to all territories a description of filing. (If filing follows as a rate change (Owners) djusted to reflect all prior rate change thange in Company's premium level	nd classes for owners' forms. ws rates of an advisory organization, spe es. which will	cify organization):
rief 1.1	This filing applies to all territories a description of filing. (If filing follows as a rate change (Owners) djusted to reflect all prior rate change thange in Company's premium level	nd classes for owners' forms. ws rates of an advisory organization, spe es. which will	elective Insurance Company of the Southeast
rief 1.1	This filing applies to all territories a description of filing. (If filing follows as a rate change (Owners) djusted to reflect all prior rate change thange in Company's premium level	nd classes for owners' forms. ws rates of an advisory organization, spe es. which will	cify organization):
rief 1.1 * A	This filing applies to all territories a description of filing. (If filing follows as a rate change (Owners) djusted to reflect all prior rate change thange in Company's premium level	nd classes for owners' forms. ws rates of an advisory organization, spe es. which will	elective Insurance Company of
rief 1.1	This filing applies to all territories a description of filing. (If filing follows as a rate change (Owners) djusted to reflect all prior rate change thange in Company's premium level	es. which will S the	elective Insurance Company of the Southeast Name of Company
rief 1.1	This filing applies to all territories a description of filing. (If filing follows as a rate change (Owners) djusted to reflect all prior rate change thange in Company's premium level	es. which will July 1	elective Insurance Company of the Southeast

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	\$6,942,276	-0.0%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory	(territories) or certain classes? If so, specify:	
Brief (description of filing. (If filing follo	ows rates of an advisory organization, specify of	organization):
Form		HO-4 & HO-6. Protection class has been restrained by the Protection class has been restrained by the HO-4 and HO-4.	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

MAR 2 5 2009

SPRINGFIELD, ILLINOIS

Shelter Mutual Insurance Company
Name of Company

Brian Marcks, Coord Ins Dept Affairs

Official - Title